

Fixed Payment (In-Lieu) Worksheet

Project Title:		Parcel No.:
Name of Business:	Displacee No.:	Phone No.:

*Fixed Payment for Moving Expenses – Non-Residential (Payment In-Lieu)
For Business in Operation Two or More Years*

TAX YEAR _____

1. Net Income or Loss _____
2. Wages paid to Spouse and/or Dependents _____
3. Guaranteed Payments to Partners _____
4. Wages paid to Owners of Corporation _____
5. TOTAL FOR YEAR (total lines 1 – 4) _____

TAX YEAR _____

6. Net Income or Loss _____
7. Wages paid to Spouse and/or Dependents _____
8. Guaranteed Payments to Partners _____
9. Wages paid to Owners of Corporation _____
10. TOTAL FOR YEAR (total lines 6 – 9) _____
11. TOTAL LINES 5 & 10 _____
12. MULTIPLY LINE 11 X 50% _____ 50%
13. AVERAGE ANNUAL NET EARNINGS _____
14. **MAXIMUM FIXED PAYMENT AMOUNT** _____

Financial Statements Reviewed _____

Financial Statements Returned _____

Approved by _____
Date

Approved Fixed Payment Amount \$ _____